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CONFIRMATION NO. 1207

Bib Data Sheet

SERIAL NUMBER 09/871,318	FILING OR 371(c) DATE 05/31/2001 RULE	CLASS 424	GROUP ART UNIT 1615	ATTORNEY DOCKET NO. WP 2001.00
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/208,789 06/01/2000

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 07/31/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY UT	SHEETS DRAWING 0	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

23639

TITLE

Transdermal delivery of lasofoxifene

FILING FEE RECEIVED 1676	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____